	- (165)	10000
	Registration Dist	. No. 270
No. Alf death occurred in a	hospital or institution, give its NAME ins	St., Ward
C. B. 20	Tong in 0.3.4 of foreign birth?	yrs
ne Kuel (t, a,	Wat of L. If nonresident give	city or town and State
ORCED (write the word)	F DEATH OCT	2 2 , 193 3
	HEREBY CERTIFY,	Thet I attended deceesed from
12,1866. Hest sawh.	dive on cal alle	icoacce 19. , 19. ; deeth is sald
1 dey,hrs. The PRINCIPAL		fimportence
Dead	to from hang	Data of onsat
Jeaser Br	ohee neck	1933
otal time (years) spent in this 307 2	Eucele,	
Other Contribute	ry Causes of importence:	
- Car		
e a		Date of
1		
Accident, suicide,	or homicide? Lucide Date	
~?	(Specify city or town	n, county and State) or in PUBLIC PLACE.
Manner of injury	In two	
Nature of Injury	avoue	(22)
24. Wes diseese of	injury In eny wey related to occupation	of deceesed?
med, If so, specify		
	Accident, suicide, Where did injury Specify whether is Accident, suicide, Where of Injury Let Carry Accident, suicide, Where did injury Specify whether is Manner of Injury Nature of Injury Nature of Injury 24. Wes diseese ou	NO. NO. ALL OF CONTROL OF CONTR

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
·			

TH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.—WRITE PLAINLY,

should state of OCCUPA.

1. PLACE OF DEATH	CERTIFICATE OF DEATH
1/ 4	107-0
0	Registration Dist. No. 203
Village or City En 20ute from Chestertown	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Joseph Porowa	
(a) Residence: No. Pines Reck (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 0.4. 29 74 193 3
	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) about 18 8 3	I last saw h see alive on oct 29 75 1933 death is said
7. AGE Years Months Days If LESS than	last saw h
about 50 1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
SAWYER, BOOKKEEPER, etc.	browlogeneumone
SAW MILL, BANK, etc. Vactury House	91
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month apd year)	Calling of lungs
12. BIRTHPLACE (city or town) probably Wilmington Des	Other Contributory Causes of importance:
(State or country)	drouge alcoholism
₩ 13. NAME	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LAST KUOTOU	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT florence foliarous (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Clare Cock 3/, 1933	Nature of injury
19. UNDERTAKER CLASS & Llock	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED Oct 30, 19 Mine, 7, 13. Daviding	(Signed) Wellert a Durgary M. D. (Address) For the Hard New M. D.
Registyar.	(nuuross)V-U-Caller Jt Western Chales

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc.

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

10231

1. PLACE OF DEATH		(93-6)
County Kuch	n n	Registration Dist. No.
Village Dr City Listed Hell Length of residence in city or town where deeth occ		f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Mary D	arr	
(a) Residence: No. Mr. Gal	lena Gent	OSt., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Migro M.	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH (Month), (Oay) (Year)
this occupation (month and 72 3 year) 12. BIRTHPLACE (city or town) (State or country)	Days If LESS than 1 day, hrs. or min. 11. Total time (years) spent in this occupation makes.	22. 1 HEREBY CERTIFY, That i attended deceased from The Market 19 19 19 19 19 19 19 19 19 19 19 19 19
14. BIRTHPLACE (city or town) - January (State or country)	·····	Name of operation
15. MAIOEN NAME Zunkare	m	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)————————————————————————————————————	www	Accident, suicide, or homicide?
17. INFORMANT Avedure A. 7. (Address) Warton R. 7.	D. Hent Go.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Columnia Medite	Det. 23, 1933	Manner of Injury
19. UNOERTAKER STORY (Address)	Clary Jud	24. Was disease or injury in any way related to occupation of deceased? 220.
20. FILED 3, 1953	Registrar.	(Signed) Sarry Land, Care, M. D. (Address Class Landon Market

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR

MARGIN RESERVED

No. 1 ľΩ̈́

PLACE OF DEATH	STATE OF MARYLAND
County Kerch	CERTIFICATE OF DEATH
Village or Cit Broad necks.	Registration Dist. No. 202
The second secon	St.: Ward) (If death occurred in a hospital er institu-
2FULL NAM Elsie Genett	Duhuson stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRED. MILOWED. WILLOWED. OF DIVORCED	16 DATE OF DEATH 10 3 , 1983
6 DATE OF BIRTH	17 (1ex EBY CERTIFY, That I attended the deceased from
10 2	at hislfs 192 . to, 192,
(Month) (Day) (Year)	that I last saw h alive on 192
7 AGE [If LESS than	
1 day Ohrs O yrs. 5 mos. D ds or / Omin.	
8 OCCUPATION O 1 .	Prematice
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) yrs. wos. de.
9 BIRTHPLACE (State or country)	Contributory Secondary Duration yrs nos de
10 NAME OF Beri F Disheron	(Simed) HP Cofell mad MA
() 11 BIRTHPLACE	10 - 1983 (Address) Chlares Acres
OF FATHER (State or country) 12 MAIDEN NAME OF FATHER TO STATE OF FATHER STATE STAT	*State the Disrase Causing Death, or, in deaths from Violent Caus-s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Man & Thomas	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) / 9	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mother	usual residence
(Address) Chester town	DATE OF BURIAL OR REMOVAL
	LOUNDERTAKER PADDRESS
Filed () ct. 4 1933 N.J. Heeks) Registra	Bot Derkeyon Prestedown

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

In suthorized of though length of time chief high see brith

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Greent; (a) Foreman, (b) Automobile factory. The m. derial should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and cases, especially in industrial eraployments, it is neces-Civil engineer. Stationary foreman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager," "Teul-Statement of Occupation-Precise statement of oc-Physician, report specifically the occupations of For many occupations a single word or term on Compositor, Architect, Locomolive persons enalso (b) the engineer,

Statement of Cause of Death—Name, first, the Discrease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); whar pneumonia, Bronchopneumonia ("Pneumonia,");

atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (discuse telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is loss definite; avoid curbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (c. g., sepsis, Examples: Accidental drowning; Struck by railway trein-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage by Committee on Nomenclature of the cough; Chronic etc. valvular heart The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

RECORD

YSI-	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
T is	County Kent	(14)
Γίο,	Village or Cit Broad nech (No.	Registration Dist. No. ILL
EXACT	2FULL NAME Many Elyab	St.: Ward) (If death occurred in a hospital cr institu- tion, give its NAME in- stend of street and number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be st	3 SEX 4 COLOR OR RACE 5 SINGLE; MARRIED, WIDOWED, OR DIVORGED (Write the word)	16 DATE OF DEATH (0 4 , 1933 (Worth) (Ver) (Ver)
E shoul	6 DATE OF BIRTH 10 3 , 1933	17 I HEREBY CERTIFY, That I attended the deceased from 125 to 15 - 4, 1937, that I last saw h 2 alive on 10 - 3, 1872
that	(Month) (Day) (Year)	and that death occurred on the date stated above, at 2 - 43 9m.
plied ACE ms so that instruction	7 AGE	The CAUSE OF DEATH * was as follows:
plie ms inst		Premaluro
fully supplain terrant. See i	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yes mos da
F DEATH In	9 BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF Ben. 1- Decker our	(Signed) / Constant M. D.
CAUSE O	OF FATHER (State or country) Kent Co	*State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
E OA	of MOTHINGS B Thomas 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
sto	OF MOTHER (State or country)	At place of death yrs des. State yrs des.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Every Item o CIANS shoul statement of	(Informant) Mother	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
AN	(Address) Chesterlous	Auster Carreles y Oak DL. 10 38
BE.	15 Filed Cet. 4 1983 N.J. Hicks	B & Deckerson Protestaw R
2	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health er," etc., without more precise specification as Day laborer. Farm laborer, Luborer—Coal mine, etc. Womworked on may form part of the second statement. Aever return 'Laborer," "Foreman," "Manager," "Heal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples : (a) sary to know (a) the kind of work and also (b cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, ('ook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on yrs). who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The Stationary fireman, etc. But in many Locomolive (b) material engineer, Growery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); whar pneumonia, Bronchopneumonia ("Pneumonia,");

"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcona., etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., uepwis, telunus) may be stated under the head of "contributory." accident; Revolver wound of head -homicide; Poisoned by "Uraemia, " "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping approved by Committee on Nomenclature of the (Recommendations on statement of cause of death carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, death), 29 ds.; Bronchopneumonia (secondary resulting from childbirth or miscarriage as cough; Chronic etc. The contributory affection need valvular heart Meusles ; disease; not be

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A. I the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

should state H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. -WRITE PLAINLY, N. B.-

1. PLACE OF DEATH		(82-0)
County Kent		Registration Dist. No. 2 43
Village or City Puck Ha	(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Laures		owney
	P	St. Ward.
(Use	residence of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH
	LE, MARRIED, WIDOWED, WORCED (write the word)	21. DATE OF DEATH setales 31 rd , 193 3 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Europe Low	u	22. I HEREBY CERTIFY. That I attended deceased from Sept. 11th 1933, to of 31157 1933
6. DATE OF BIRTH (month, day, and year) 6/2 4/	1856	I last saw h alive on oct 18 th
7. AGE Years Months 0	ays If LESS than	to have occurred on the dete stated above, at 104.m.
77 4 7	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BQOKKEEPER, etc	Horman	artenorderasj
9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		egre bret hemorkey
10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation		laralper of right ride.
12. BIRTHPLACE (city or town) 7 Mez heek (State or country) Mandenuel		Other Coutributory Causes of importance:
13. NAME Jurysh. 14. BIRTHPLACE (city or town). (State or country)		Name of operation
	ruels	What test confirmed diagnosis?
15. MAIOEN NAME 2 achel Crouchs 16. BIRTHPLACE (city or town) kut Known (State or country)		23. If death wes due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Wife lucus Rock Hall (Address)		Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place Westley Chapel Date How 2 , 1933		Nature of Injury
19. UNDERTAKER Maring b. Williams ned.		24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO LOCK 31, 1933 Miss. J. B. Durding		(Signed) albert G. Burgarel M.D. (Address) Rick Hall hed
To many blanks and	model add Sens B	NOTE OF THE PROPERTY OF THE PR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	t spinane	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m

should state item of inforof OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10235
1. PLACE OF DEATH ,	
county Kent	Registration Dist. No. 204
Village or City landy Bottom - Fairles	No. Calcutatorne Ry St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Francis Gordon	
0 . 00	St., Ward.
(a) Residence: No. Sandy () ofform (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Col. Married	21. DATE OF DEATH of other 20 193 3 (Year)
Ja. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Sougher gordon	22. Lystember 1983, to of 2079 1933
	I last saw h.ea alive on of 18 19 33; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.50 ft.m.
53 3 /8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	Careinoma of brast Date of onset
SAWYER, BOOKKEEPER, etc.	Carta Jania
work was done, as SILK MILL, SAW MILL, BANK, etc.	hietastarn a lung
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spontin this occupation	and spore
1/- A- O	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME CKer Office Black 14. BIRTHPLACE (city or town) Kend G.	Name of operation augustation of breast Date of 5/20/
(State or country) maryland	What test confirmed diagnosis? Was there an autopsy?ad
15. MAIDEN NAME Lonelle World	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Bellining	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town county and State)
17. INFORMANT Alonglas Londol (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ————————————————————————————————————
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Sanly Botton Cember, Date 10/23, 1933	Nature of injury
19. UNDERTAKER CLAS LOGO	24. Was disease or injury in any way related to occupation of deceased?
(Address) Clesterton / / /	If so, specify
20 FILED Oct 20, 1938 7. W. Smith	(Signed) albert G. Burgare M.D.
Registrar.	(Address) Kirk # 200

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

state

-WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(100 a)
County Tess	Registration Dist. No.
Village or City	NDSt.,Ward
//-/-	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
71,000 1/0/0	m.
2. FULL NAME A STATE AS PERSON	
(a) Residence: ND. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of WEGNEY HEROTORY	22. I HEREBY CERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Jan 8 1840	I last saw harmalive on Oct 30 Th. 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at330A.M
93 10 23 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
S. Hada, polessing, of particulars in which work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	Dither Contributory Causes of importance:
(State or country)	Bronchial Treumonia
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary & Green 16. BIRTHPLACE (city or town) Weath Lynch May (State or country)	23. If death was due to external causas (VIDLENCE) fill in also tha following: Accident, suicide, or homicide?
17. INFORMANT FINANCE SCHOOLS (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Stall Por Date The 3, 19.3-3	Manner of Injury
19. UNDERTAKER BL TOLLOWS (Addiess) Study Common Annual	24. Was diseasa or injury in any way related to occupation of deceasad?
20. FILED NOVE , 1937 J. William Celail	(Signed) J. J. M. E. M. E. (Address) Size Find nd.

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Example I		Example II		
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Chronic interstitial nephritis 2 - E IVE	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
NOV 4 1933				
Other contributory causes of importance: V		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	K
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V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 10234
County Ment	Registration Dist. No. 203
Village or City Near Porch Hall	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME William & Shir	edil.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIOWEO, OR DAYORCED (write the word)	21. DATE OF DEATH (Och 21 (Par) (Year)
ia. If merried, widowed, or divorced HUSBANO of (or) WIFE of Rebacca Daves	22. HEREBY CERTIFY That I attended deceased from
DATE OF BIRTH (month, day, and year)	I last saw h alive on Ols 7/ 19 33; deeth is sel
N. AGE Years Months Oeys If LESS than I day,hrs. ormin.	to heve occurred on the date steted above, at 8m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Walesman	Affertusion with
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1. O. Date deceased last worked at this occupation (month and	Demiplegia Puoi
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
2. BIRTHPLACE (city or town) Ralissand Md (State or country)	Other Coutributory Causes of Importance:
13. NAME Mysls Agades	
13. NAME WASCS SECULS 14. BIRTHPLACE (city or town) United State or country)	Name of operationOate of
15. MAIOEN NAME WILSON	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) Authorization	Accident, suicide, or homicide? Date of injury, 19
7. INFORMANT JOSEPH PLYONS (Address) POACK STOCK WAS	Where did Injury occur?
8. BURIAL, GREMATION, OR REMOVAL Place Wesley Cheful Date Och 24-1988	Manner of injury
9. UNDERTAKER W. J. Strakes (Address) Carotratown Md	Natura of Injury
10. FILEO. Oct 28, 193 Mira. T. B. Durding	(Signed) of fland Dawl M. (Address) Chestistown, M.

CENTIFICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	100	Example II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BURRANA					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
		•			

B

1. PLACE OF DEATH	
County Kery	Registration Dist. No.
Village or City Norton had Ry	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredvrsmo	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Komas of	rurlock
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("unife the word) Wildowes	21. DATE OF DEATH (Month) (May) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from Color 3 nd 1983 to Och 9 1953
6. DATE OF BIRTH (month, day, and year) [14]6/94	VI last saw ham alive on Oct 9th , 1933; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 14/3 m.
89 — I day, a hrs	THE RESERVE CAOOL OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Heart Trailure).
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc.	
11. Total time (years) spant in this occupation (month and year) year)	
a llmoston.	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Charles Coute
	- Varalysis agiland
14. BIRTHPLACE (city or town) ARMOUNT	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Sympumo Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Wind was of adamay (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL SCY	Manner of injury
Place Curiply Date 11,193	Nature of injury
19. UNDERTAKER BR Chellows (Address)	24. Was disease or injury in any way related to occupation of deceased?
***	(Signed) 9. P. Chroell M.D.
20. FILED OF 10, 1903 Alecland	(Address) Still Pond md.
	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis 1014 A 1033	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BUREAU Y.S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			11 11 11		

V. S. No. 1 m. of OCCUPA-

1. PLACE OF DEATH	Registration Dist. No. 202	,
County Village or City Length of residence in city of town where death occurred 7.9 yrs. most 2. FULL NAME (a) Residence: No. Worton R.A.	f death occurred in a hospital or institution, give its NAME instead of street and nus. ds. How long in U.S. if of foreign birth?	ds.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	late
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Tola Land	193 S
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Faces 6. DATE OF BIRTH (month, day, and year) 1. 1854 7. AGE Years Mopths Days If LESS than 1 day,	22. I HEREBY CERTIFY That I ettended de l'assert de l'	eceased from , 19
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1°	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9 Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year) 11. Totel time (years) spent in this occupation	Cohome Presited	
12. BIRTHPLACE (city or town) - Leut De (State or country) LE 13. NAME - Parks 1	Other Contributory Causes of Importance: Chronic Typlilin	July11
14. BIRTHPLACE (city or town)	Name of operation	i'opsy?
15. MAIDEN NAME NAME NAME Succession 16. BIRTHPLACE (city or town) State or country) 17. INFDRMANT Marcon Succession (Address)	23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, sulcide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	, 19
18. BURIAL, CREMATION OR REMOVAL Place Lease Considery Date 10/8, 1932	Manner of injury	
19. UNDERTAKER Cohas L 10 odd (Address) to further form md. 20. FILED Oct - 7 - , 19 33 M J Likks Registrat.	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address)	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

٥.

Exact

PLACE OF DEATH	STATE OF MARYLAND
County Kent.	CERTIFICATE OF DEATH
	Registration Dist. No.
millit.	
Village or City Millington (No.	St: Ward) (If death occurred in a hospital or institu-
P.A. P	tion, give its NAME in-
2FULL NAME LESTON lune	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE MARRIED	16 DATE OF DEATH Oct. 12, 1973
mula white OR DIVORCED	Oct. 12, 1933
(Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
april 23 1859	9 (102) to (lal /2 , 192).
Month) (Day) (Year)	that I last saw ham alive on Lock 12 , 192)],
7 AGE If LESS tha	an and that death occurred on the date stated above, at 12.33 Am.
I dayhr	s. The CAUSE OF DEATH * was as follows:
74 yrs. 5 mos. 19 ds. or min	? Chammen of other
8 OCCUPATION (a) Trade, profession or P. L.	
particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion)yrsds.
9 BIRTHPLACE	Contributory Secondary
(State or country) Kent Cv., Ind.	(Duration)yrsmosds.
10 NAME OF	(Signed) Musult Price M. D.
FATHER James 14. Tennington	10.00
0 11 BIRTHPLACE	10/19 191) (Address) Michaelle
Z (State or country)	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
TI 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of Mother Marthu Pryor.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of deah?
	Former or usual residence
(Informant) Mrs. Liston Pennington,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) millington mel.	Sudlesville, Md. Oct. 14, 10 32
(Address)	D UNDERTAKER O. ADDRESS
15 Filed 10/14 192 pu Gruce	Jal a Tulin Hour Swill of me
Registrat	John M. Start Management 114
If more blanks are needed, address State Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

10240

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housenuid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term on Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Diseas. Statement of Cause of Death—Name, first, the Diseas. State of Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid, fewer (never report "Typhoid Pneumonia," pneumonia, Bronchopneumonia ("Pneumonia,"

"PUERPERAL septicaemia," "PUERPERAL peritonitis, stated unless important. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all "Uraemia, "Inanition," "Heart failure," "Inemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid -- probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as " "Weakness," etc., when a definite disease 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Паетогграде, Chronic Example: Measles (disease valvular heart disease; affection need not be etc. The contributory Nomenclature of the Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1

1.	PLACE OF	DEATH.							
	County	, Kuil				(3)	Registration	Dist. No. 2	R3
	Village of Cal	umer's	Neck	near	MNO. Ch	tock		_St	Wa
	Langth of resider	nce in city or town where	death occurred	yrs. 18 mos	death occurred in a hosp			E instead of street as	
2.	FULL NAM	- 111:00	au 1	4. See	u				
	(a) Residence	: No. Shin	urs!	Keck.	St.,Wa	rd.			
	PERSONA	L AND STATIS	(Usual place		MED	ICAL CER		give city or town	
. SEX		. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF D) -	,	
We	ele	White	1 //// . /	D (write the word)		<i>U</i>	Month)	(Day)	, 193. <u>J</u> (Yaar)
H	married, widowed IUSBAND of or) WIFE of	, occurred	Ecoca	6	22. I H E	REBY	ERTIF	Y. Thet i attand	led decaased fi
	01) 11112 01	1,	0 -	1011	no The	1 0 19	n star		19
6. DAT		onth, day, and year) / Months		1866.	l'last saw h	aliva on	10.3	na.	death Is s
/. AGE	67	6	Days 2	1 day,hrs.	to have occurred on the PRINCIPAL CAU			es of Importance	
- 8	8. Trade, profession	on or particular	1-1-	ormin.	ware as follows:	shot	non	ud	Date of on
PATION		k done, es SPINNER OOKKEEPER, atc.	alerne	an	Throng	LELI	gast	rium	UCE
D IN	work was d	siness in which one, as SILK MILL, BANKATO	ching	* Dyslir	y Imone	edicit	te de	seh.	193
20 10	Date decaasad this occupat	ion (month and	0 6 000	ime (Pears)	8.	rici	Le		
	yaar)	8/		Maria Company	Other Contributory Ca	wees of importan	ice:		
12, B11	RTHPLACE (city of (State or country)	7 7 7	Co.	hd.					
13	3. NAME FO	hu H. S	cott						
	BIRTHPLACE (, , , , , , , , , ,	eryla	ud.	Name of operation			Date or	f
-	(State or co	2 '	+ B	-	What tast confirmed d				
I I	6. BIRTHPLACE (c	00	Me D	LCK.	23. If death was due to Accident, suicida, or h	V		I in also the follow	ving:
16	(State or co		- Jen	The same of the sa	Whare did injury occu	mat h	is home	e Skin	ner's ke
17. ini	FORMANT CA	as, 8, K	elly	1	Specify whathar injury	y occurrad in iN	DUSTRY in HO	town, county and S ME, or in PUBLIC	PLACE.
18. BU	(Addrass)	N, OR REMOVAL	10 Kin	Co, Ma	Mennar of injury	and a	a con	u tole	at an
	Place Hules	y lekape	Pate CE	5 37 1933	Natura of Injury	as a	love	(2-2)	
19. UN	DERTAKER A	tas I k	rodd.	4	24. Was disease or Inju	ry in any way r	elated to occupa	ation of deceased?.	710
	(Address)	hes fer to	non	md.	If so, specify		17		
					(Signed)	/	-1 # / made		W

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MOV 9 1999			
Other contributory causes of importance:		Other contributory causes of importance:	- 1 J
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

CAUSE LION

OCCUPA.

pluods

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item

STATE OF MARYLAND-CERTIFICATE OF DEATH

Date of onset

(Day)

Registrar.	-	(Address) / Meller Louis
If more blanks are needed, address State Registra	r, 2411 A	N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
800222 V-2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforshould state Exact statement of OCCUPA-PHYSICIANS stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH	——— ®
County Kent Co.	Registration Dist. No. 202
Village or City Chestertown (II	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Clinal Stricklin	
	St. Ward.
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word) Thomas	21. DATE OF DEATH (Month) (Dey) (Yaer)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Sabel Stricklin	22. I HEREBY CERTIFY. That Lattended decessed from
6. DATE OF BIRTH (month, day, end year) 4/5/52	I last saw h alive on 8 (6, 1933; death is said
7. AGE Years Months Deys If LESS than 1 day,	to have occurred on the dete stated above, at 2, 30 m.
8/ 6 /2 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Treda, profession, or perticular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.	Certific sclaroses for
S. Treda, profession, or perturbate Kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed last worked at this occupation (month and	16cm
10. Dete deceesed last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Kent Ca. (Stata or country) Maryland	Other Coutributory Causes of importence:
13. NAME not Known	
13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 13. NAME Not Kyown Kent G, Tanyland	Neme of operation Deta of Whet test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Referen Wolfland	23. If deeth wes due to axternel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) / Cent G. (State or country) manufant	Accident, suicida, or homicide?
17. INFORMANT Strene Strick die (Address) Chestes towns Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Chestertum Cometry Date 50/20, 1933	Menner of Injury
19. UNDERTAKER Chas Chlodd (Address) Chestertown nd.	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED COS 20-, 19 33 W J Stirks Registrar.	(Signed) M.D. (Address) Checker town

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

BINDING

MARGIN RESERVED FOR

PLACE OF DEATH	STATE OF MARYLAND
County Kent Cv.,	CERTIFICATE OF DEATH
	Registration Dist. No. 200
Village or City Millington (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in-
2FULL NAME avaminta Jan	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemele Colored Single, Married OR DIVORCED (Write the word)	16 DATE OF DEATH Oel. 22, 1983 (Month) (Day) (Year)
6 DATE OF BIRTH July 4, 1869	17 Of 2 HEREBY CERTIFY, That I ottended the deceased from 1923. to 22, 19233.
(Month) (Ddy) (Year) 7 AGE	ond that death occurred on the date stated above, at 7.00 P. m.
66 yrs. 3 mos. 18 de. or min.?	
B OCCUPATION (a) Trade, profession or Domestic. particular kind of work	
(b) General nature of industry	2
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (Ntate or country) Md.	Contributory Firs Cordeley Secondary
10 NAME OF Isval Caulk	(Signed) M. D.
11 BIRTHPLACE	Och 24/19233 (Address) Cerunfator ruf
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
of MOTHER Ligge ashely	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER MOTHER	At place 7 yrs mos ds. In the 66 yrs mos ds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
(Informant) Warren Laylon.	Former or usual residence
(Address) millington mid RD4.	Morganeck Md. Oct. 25, 1933
Filed Oct 2 By 1933 Merrit Brisk Quesity Registras	July a John & Sin mellingter mg
If more bianks are needed, address tate Registra	r, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the er," etc., Physician. Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer-fre or given up on account of the DISEASE CAUSING DEAGH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm : laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material duties of the (6) Grocery;

Stritement of Cause of Death—Name, first, the pusses the time and causation), using always the same accepted term for the same discuse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." stated unless important. approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature ," "Convulsions, Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH County KerN	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Millington (No. 2FULL NAME Delmeter Joa	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME In- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Oct 22, 1933 (Moath) (Day) (Year)
## Help. 29, 1916 (Year) 7 AGE 17 yrs. 7 mos. 23 ds. or min.?	17 Och 1 HEREBY CERTIFY, That I attended the deceased from 22 19D to Color 27 1920, that I last saw homalive on Color 22 1920, and that death occurred on the date stated above, at 6 P. m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Duration) yrs. mos. ds. (Duration) yrs. mos. 2 ds. (Signed) Manually Manually M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Md.	ients or Recent Residents) At place of death
(Informant) Perry Brown (Address) Millington, Md. R.D.#2	Where was disease contracted, if not at place of dea.h? Former or usual residence
Filed 10/21 1920 M. Registrar If more hanks are needed, address State Registra	John C. Tebi-Ven millington mer 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as μuy laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write None. state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on 118). (b) For persons who have no occupation Automobile factory. The material Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the Disease Chief Death (the primary affection with respect to time and causation), using always the same accepted term for the same, disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

corbolic acid-probably suicide. The n ture of the injury, (Recommendations on statement of cause of death tetanus) may be stated under the head of "eontributory." as fracture of skull, and eonsequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Drepsy, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOLLICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis, ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Ethaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from ehildbirth or miscarriage as (name origin; "Cancer" is less definite; avoid or intercurrent) Chronic valvular heort Example: Measles (disease affection need not be etc. The contributory Nomenclature Mcasles; disease;

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF Registration Dist. No Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) W Length of rasidence in city or town where death occurred How long In U.S. If of foreign birth?... RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE: MARRIED, WIDOWED. 21. DATE OF DEATH DAVORCED (write the word) (Month) (Year) 5a. If married, widowad, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of-6. DATE OF BIRTH (month, day, and year). 7. AGE Years Months Davs If LESS than to have occurred on the data stated above, at I day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance min. Date of onset 8. Trada, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. may 9. Industry or business in which pluods work was done, as SILK MILL SAW MILL, BANK, etc.. 10. Date deceased last worked at 1933 11. Total time (years) spant in this 30 this occupation (month and occupation ___ Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FAT 14. BIRTHPLACE (city or town) ain (State or country) carefully What test confirmed diagnosis?_ Z Was there an au'opsy?_____ D MOTHER 23. If death was due to external causes (VIDLENCE) fill In elso the following: Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town) (State or country Whara did Injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT pluods (Address) OF 18. BURIAL CREMATION, OR REMOVAL Menner of injury CAUSE mation Nature of Injury LION 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Ardress) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The Charles of the Ch			10
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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deaths from

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nervant, Cupk, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) Gracery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Nanager," 'Peal-Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on or At Home, and children, not gainfully em-Furm laborer, Laborer-Coal mine, etc. without more precise specification as llay For persons who have no occupation Stationary fireman, etc. But in many Wom-

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BINDING

RESERVED

S. No. 1

(Address)

Registrar.

If so, specify

(Address)

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